

**STATE OF MONTANA
LWCF GRANT PROGRAM
SELF-INSPECTION CERTIFICATION REPORT**

Directions:

Press the *Tab* key or arrow keys to move through fields or click mouse near beginning of blank. When black box appears, begin to type. Boxes will expand. To answer the checked box questions, either press the *X* key when the box is darkened or click the mouse pointer on the box to check response. Click again to unselect the box. Please remember to sign the form when it is completed.

Project #	Project Title
Project Sponsor	Type of Project Development <input type="checkbox"/> Acquisition <input type="checkbox"/> Combination <input type="checkbox"/>
Project Scope / Description	
Address / Location	

Local Agency Contact Person	Phone	
Title	Best Time to Call	
Agency	Address	
City	State	Zip Code

SITE DEVELOPMENT INFORMATION

1. List all existing developments / facilities at the referenced project site. (NOTE: If the site is currently undeveloped, please describe the present use and provide a schedule for future development, including a list of proposed facilities.)

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2. Based upon a review of the Site Development Plan or the indicated Project Description (above) and the Project Boundary map:
 - a. Has there been any change in the facility type, site layout, or recreational activities provided at the site? (If yes, indicate how use of site deviates from original approved plan. Attach a copy of existing site development plan, if available)
YES ☐ NO ☐

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- b. Has any portion of the project site been converted to other than outdoor recreation use? (If yes, delineate on Project Boundary Map the portion(s) which have been converted and describe present use of converted land)
YES ☐ NO ☐
- c. Is the Project Map accurate? If not, please provide an updated map with this report.
YES ☐ NO ☐

MAINTENANCE

3. Is the site facility attractive, maintained, inviting to the public, and readily identified as a public outdoor recreation area? Is the site enjoyable, without any health or safety hazards or vandalism problems? (If it is not, please explain below)
YES ☐ NO ☐

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ACCESSIBILITY

4. Has the site been developed and maintained in a manner that complies with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964? Are all members of the public allowed to use the site or facilities at all available times? (If no, please explain below)

YES ☐

NO ☐

GENERAL

5. Is there a sign, in good condition, permanently displayed at the site acknowledging LWCF grant assistance?

YES ☐

NO ☐

6. Is there a fee charged for use of the project site or any facilities at the site (if yes, attach a detailed information sheet on the fee structure)

YES ☐

NO ☐

7. Please attach photographs of the site to this form. If unable, please explain. Digital photographs may be sent to wtimmerman@mt.gov.

ADDITIONAL COMMENTS

CERTIFICATION

I do hereby certify that I am duly elected, appointed and / or acting _____
(Title)

of the _____ and that the information and answers provided herein
(Local Agency)

are true and accurate to the best of my personal knowledge, information and belief

Dated this _____ day of _____, (Year) _____

In the following, please include both the name and a signature

_____		_____
OFFICIAL (Print Name)		Signature

_____		_____
WITNESS (Print Name)		Signature